



ARKANSAS INSURANCE DEPARTMENT  
LICENSE DIVISION  
1200 WEST 3<sup>RD</sup> STREET  
LITTLE ROCK, AR 72201  
PHONE: 501-371-2750  
FAX: 501-683-2604

FORM AID-LI-UBE-ADD (3/05)

**BUSINESS ENTITY (AGENCY) PRODUCER ADDITION**

Business Entity Name: \_\_\_\_\_

Business Entity Address: \_\_\_\_\_  
P.O. Box or Street City State Zip

Business Entity Contact : Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Agency Tax Identification Number: \_\_\_\_\_

**ADDING A PRODUCER TO THE BUSINESS ENTITY (AGENCY) LICENSE:**

**Fees:** (Please make checks payable to the Arkansas Insurance Department Trust Fund)

**Resident Business Entity:** adding for limited lines **\$10.00**; adding for life and health **\$10.00**; adding for property/casualty **\$25.00**. The total fee for adding an agent for life, health and property/casualty is **\$25.00**

**Non-resident Business Entity:** all additions **\$30.00**

Producer's Social Security Number: \_\_\_\_\_

Producer's Name: \_\_\_\_\_

Producer's State of Residence: \_\_\_\_\_

Add the Producer for the following lines of insurance: \_\_\_\_\_

\_\_\_\_\_

Producer's Social Security Number: \_\_\_\_\_

Producer's Name: \_\_\_\_\_

Producer's State of Residence: \_\_\_\_\_

Add the Producer for the following lines of insurance: \_\_\_\_\_

\_\_\_\_\_

Producer's Social Security Number: \_\_\_\_\_

Producer's Name: \_\_\_\_\_

Producer's State of Residence: \_\_\_\_\_

Add the Producer for the following lines of insurance: \_\_\_\_\_

\_\_\_\_\_

Dated \_\_\_\_\_

\_\_\_\_\_  
Authorized Business Entity Representative

\_\_\_\_\_  
Typed or Printed Name